

Winston Sheehan, Attorney At Law
P.O. Box 2148
Montgomery, AL 36102-2148
Phone: (205) 261-1111
Fax: (205) 261-1112

Winston Sheehan, Attorney At Law
P.O. Box 2148
Montgomery, AL 36102-2148

| | | | | |
|---|------------------------------------|----------|---------|--|
| 50707.3 | 5/7/07 | | | |
| RE: Richard Arnold vs. Walter Lacey, et al. 3:06-CV-337-WHA | | | | |
| 1 | Process Service / Curry @ Williams | \$65.00 | \$65.00 | |
| 88 | Mileage | \$0.60 | \$52.80 | |
| | | | | |
| | | | | |
| | | | | |
| \$117.80 | 0.00% | \$117.80 | | |

Note: There is no charge for cellular or long distance phone calls, additional mileage or labor, or other costs associated with the successful completion of this project.

THANK YOU FOR YOUR BUSINESS!

Montgomery Reporting Service

P. O. Box 1761
 Montgomery, Alabama 36102
 Phone: (334) 262-3331
 FED ID # 63-0893065
Bill To:

C. Winston Sheehan, Jr., Esq.
 Ball, Ball, Matthews & Novak
 P. O. Box 2148
 Montgomery, AL 36103

Invoice

Number: 2369

Date: October 12, 2006

Ship To:

C. Winston Sheehan, Jr., Esq.
 Ball, Ball, Matthews & Novak
 2000 Interstate Park Drive
 Suite 204
 Montgomery, AL 36109-5413

| Case Style | Case Number | Deposition of: | Reporter |
|------------------|-----------------|----------------|------------|
| R.A.Jr. v. Lacey | 3:06-cv-337-WHA | R.A. Jr., etc. | Rick Tyler |

| Date | Description | Pages | Rate | Amount |
|--------------|---|--------|--------|-------------------|
| 10/3/06 | Appearance fee | | 150.00 | 150.00 |
| | Original and one copy of R. A., Jr. | 204.00 | 2.85 | 581.40 |
| | Original and one copy of Richard Arnold | 103.00 | 2.85 | 293.55 |
| | Original and one copy of Ronald Ligon | 103.00 | 2.85 | 293.55 |
| | Original and one copy of Stephanie Arnold | 97.00 | 2.85 | 276.45 |
| | Photocopy of Exhibits | 33.00 | 0.20 | 6.60 |
| | Mileage | 70.00 | 0.40 | 28.00 |
| Total | | | | \$1,629.55 |

Thanks For Your Business





TAYLOR REPORTING

COURT REPORTERS

Post Office Box 369
Repton, AL 36475
251.248.2108
www.TaylorcourtReporting.com

October 28, 2006

Invoice #: RD060113

Date Taken: October 18, 2006

Location: Montgomery, Alabama

TO: C. WINSTON SHEEHAN, JR., ESQ.
BALL, BALL, MATTHEWS & NOVAK, P.A.
Post Office box 2148
Montgomery, AL 36102

RE: R.A. Jr. vs. Deputy Sheriff Walter Lacey

| Description | Amount |
|-----------------------|--------|
| COPY-- Deposition of: | |
| Deputy Walter Lacey | 217.15 |
| Deputy Eric Whitlow | 150.50 |
| Exhibit Reproduction | 24.15 |
| Postage | 8.00 |
| TOTAL | 399.80 |

THANK YOU VERY MUCH, MR. SHEEHAN!!

Montgomery Reporting Service

P. O. Box 1761
 Montgomery, Alabama 36102
 Phone: (334) 262-3331
 FED ID # 63-0893065

Bill To:

C. Winston Sheehan, Jr., Esq.
 Ball, Ball, Matthews & Novak
 P. O. Box 2148
 Montgomery, AL 36103

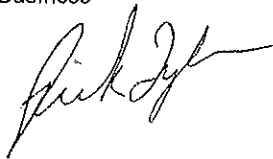
InvoiceNumber: **2461**Date: **March 28, 2007****Ship To:**

C. Winston Sheehan, Jr., Esq.
 Ball, Ball, Matthews & Novak
 2000 Interstate Park Drive
 Suite 204
 Montgomery, AL 36109-5413

| Case Style | Case Number | Deposition of: | Reporter |
|--------------------|--------------------|-----------------|------------|
| R.A. Jr. vs. Lacey | CV-3:06-cv-377-WHA | Raymond Swanson | Rick Tyler |

| Date | Description | Pages | Rate | Amount |
|--------------|---|--------|-------|-----------------|
| 3/13/07 | Appearance fee - Half Day | | 60.00 | 60.00 |
| | Original and one copy | 100.00 | 2.90 | 290.00 |
| | Mileage | 90.00 | 0.48 | 43.20 |
| | Sending Deposition for Witness to read and sign | | | 15.00 |
| Total | | | | \$408.20 |

Thanks For Your Business



Tuskegee Institute Middle School
Dorothy E. Hooks
1809 Franklin Road
Tuskegee, Alabama 36088
334-727-2580

INVOICE

March 7, 2007


C. Winston Sheehan, Jr.
Ball, Ball, Matthews & Novak, P.A.
2000 Interstate Park Dr., Ste. 204
Montgomery, Alabama 36102
334-387-7680

ID Number : 001

| Date | Description | Cost |
|----------|------------------------------|-----------------|
| 03-07-07 | Cost of pages- 1.00 per page | 26.00 |
| | TOTAL DUE | \$ 26.00 |

Please remit the total amount due within 15 days.

Thank You,


Stephanie L. Wilson

cc: Dorothy E. Hooks, Principal

I N V O I C E

309-0391

Southern Records Management Corp
Suite 205
1340 Old Chain Bridge Road
McLean, VA 22101

FEDERAL ID NUMBER: 62-1870109

03/29/2007

BALL BALL MATTHEWS & NOVAK PA
ATTEN MELAINE
P O DRAWER 2148
MONTGOMERY, AL 36102-2148

Enclosed are the medical records you requested from
Community Hospital.

Please make your check payable to Southern Records Management Corp
and send it to the above address. DO NOT send payment to the
medical facility.

Be sure to write the request number on your check or return
a copy of this invoice with your payment.

RICHARD ARNOLD JR Request #3526
Claim #: USER_1

INVOICED: 03/29/2007 INVOICE: CHT-0703-5 PRINTED: 03/29/2007

| Description | Qty | Unit Price | Amount |
|--------------------------|-----|-------------|----------|
| Retrieval Fee | 1 | \$ 5.00 | \$ 5.00 |
| Copy Charge First 25 Pgs | 25 | \$ 1.00 | \$ 25.00 |
| Certification Fee | 1 | \$ 2.50 | \$ 2.50 |
| Detailed Bill | 1 | \$ 10.00 | \$ 10.00 |
| Postage & Handling | | | \$ 2.35 |
| | | Subtotal | \$ 44.85 |
| | | Sales Tax | \$ 2.00 |
| | | Total | \$ 46.85 |
| | | Balance Due | \$ 46.85 |

17232

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

| DATE | DESCRIPTION | INVOICE # | AMOUNT | CHECK DEDUCTION | NET AMOUNT |
|----------|---|-----------|--------|--------------------|------------|
| 04/03/07 | 170 Southern Records Management Corp. SO.RECORDS MGMT/CWS/MEDICAL RECORDS | 309.0391 | 46.85 | | 46.85 |

RELEASE OF INFORMATION INVOICE
 East Alabama Medical Center
 April 12, 2007

Ball Ball Matthews & Novak
 2000 Interstate Park Drive, Sui
 P.O. Box 2148
 Montgomery, AL 36109-5413

TEL: 334-387-7680

Please remit payment in the form of check or money order to:

East Alabama Medical Center
 ATTN: Release of Information
 Medical Records
 2000 Pepperell Parkway
 Opelika, Alabama 36801
 Tax ID# 63-6000526

If no further payment is required, please keep this as a receipt for your records.

**Include PATIENT'S NAME and INVOICE NUMBER with payment to insure proper crediting.

I N V O I C E no: 0704-75 04/12/2007

| PATIENT NAME | MR NUMBER | DISCHARGE DATE | RECEIVED DATE | AMOUNT CHARGED | BALANCE |
|------------------------|--------------|-------------------|------------------|-------------------|---------|
| ARNOLD, RICHARD LAMMEL | 0000726739 | | 04/03/2007 | 55.00 | 55.00 |
| Retrvl/Srch Fee | 1 @ | \$5.00 | = | 5.00 | |
| Per page 1-25 | 25 @ | \$1.00 | = | 25.00 | |
| PerPg. over 25 | 50 @ | \$0.50 | = | 25.00 | |
| TOTAL | | | | \$55.00 | \$55.00 |

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

17386

| DATE | DESCRIPTION | INVOICE # | AMOUNT | CHECK DEDUCTION | NET AMOUNT |
|----------|--|-----------|--------|--------------------|------------|
| 04/17/07 | 294 East Alabama Medical Center E.AL.MED.CTR/CWS/MEDICAL RECORDS | 309.0391 | 55.00 | | 55.00 |

PLEASE RETURN THIS FORM
TO THE RECEPTIONISTSoutheast Pediatrics, P.C.
Mollie A. Walker, M.D.
804 Crawford Street
Tuskegee, Alabama 36083
(334) 724-0550RETURN: _____ Days _____ Weeks _____ Months
NEXT _____ AM
APPT. _____ PM
Day Month Date TimeDATE 3/29/07

| ✓ | CPT | DESCRIPTION | FEE | ✓ | CPT | DESCRIPTION | FEE | ✓ | CPT | DESCRIPTION | FEE |
|--|-------|---------------------------|-----|-----------------------|-------|----------------------------------|-----|--------------------------|----------|--------------------------------------|-----|
| OFFICE VISIT-NEW PATIENT | | | | IMMUNIZATIONS (CONT.) | | | | MEDICAL SERVICES (CONT.) | | | |
| | 99202 | Minimal | | | 90744 | Hepatitis | | | 11050 | Naval Caut. | |
| | 99203 | Limited | | | 90645 | HIB | | | 36415-90 | Venipuncture | |
| | 99204 | Intermediate | | | 90657 | Influenza 6-35 mo | | | 99070 | Sterile Supplies Tray | |
| | 99205 | Comprehensive | | | 90658 | Influenza 3 yrs & up | | | 16020 | Dressing | |
| OFFICE VISITS-ESTABLISHED PATIENT | | | | | 90713 | IPOI | | | 10120 | Incision and Removal of Foreign Body | |
| | 99211 | Minimal | | | 90734 | Meningitis | | | 53670 | Bladder Catheterization | |
| | 99212 | Limited | | | 90707 | M.M.R. | | | 29130 | Finger Splint | |
| | 99213 | Intermediate | | | 90669 | Pneumo | | | 10060 | I & D Abscess | |
| | 99214 | Extended | | | 90716 | Varicella | | | 94640 | Inhalation TX | |
| | 99215 | Comprehensive | | | 90718 | Tetanus | | | 94668 | Inhalation TX Subseq. | |
| WELL CHILD PHYSICALS & INITIAL EPSDT, NORMAL & ABNORMAL | | | | | 86580 | T B Tine | | | 94010 | Peak Flow Rate | |
| INITIAL _____ AGE _____ | | | | | 90471 | Admin. Fee One Unit | | | 94760 | Pulse Oxy. | |
| WELL CHILD PHYSICALS, EPSDT PERIODIC & INTERPERIODIC NORMAL & ABNORMAL | | | | | 90472 | Admin. Fee Two or More Units | | LABORATORY SERVICES | | | |
| ESTABLISHED _____ AGE _____ | | | | INJECTIONS | | | | | 85024 | C.B.C. | |
| | 99173 | Vision Test | | | 90788 | Antibiotic Admin. | | | 82465 | Cholestrol | |
| | 92551 | Hearing Test | | | 90782 | Adrenalin / Allergy | | | 87880 | Strep Screen | |
| IMMUNIZATIONS | | | | | 95115 | Allergy Inj.-Single | | | 81002 | Urinalysis | |
| | 90700 | DPT-Acell | | | 95117 | Allergy Inj. Two or More | | | 82947 | Blood Sugar | |
| | 90748 | Hep-B Hib | | | J1055 | Depo-Provera | | | 81025 | HCG | |
| MEDICAL SERVICES | | | | | J0540 | Penicillin up to 1,200,000 units | | | 87804 | Rapid Flu Test | |
| | 92552 | Audiogram | | | J0696 | RocephenN 250 mg. 1 un | | | 82270 | Hemocult | |
| | 92567 | Tympanogram | | | J0696 | Rocephen 500 mg. 2un | | | 86318 | H Pylori | |
| | 69210 | Removal of Ear Wax 1 or 2 | | | | | | | 85014 | Hct. | |
| | | | | | | | | | 85018 | HGB. | |

| CODE | ✓ | DIAGNOSIS | CODE | ✓ | DIAGNOSIS | CODE | ✓ | DIAGNOSIS | CODE | ✓ | DIAGNOSIS |
|--------|---|-----------------------|--------|---|-----------------------|--------|---|-------------------------|--------|---|------------------------|
| 682.9 | | Abscess | 691.8 | | Dermatitis, Atopic | 244.9 | | Hypothyroidism | 034.1 | | Scarlet Fever |
| 706.1 | | Acne | 692.9 | | Dermatitis, Contact | 380.4 | | Impacted Cerumen | 737.30 | | Scoliosis |
| 789.00 | | Abdominal Pain/Colic | 690.10 | | Dermatitis, Sebor. | 684. | | Impetigo | 345.90 | | Seizures |
| 995.3 | | Allergic Reaction | 315.9 | | Develop. Delay | 703.0 | | Ingrown Nail | 780.30 | | Seizure, Febrile |
| 477.9 | | Allergic Rhinitis | 691.0 | | Diaper Rash | 919.4 | | Insect Bite | 461.9 | | Sinusitis |
| 368.00 | | Amblyopia | 787.91 | | Diarrhea | 754.5 | | Intoeing | 307.40 | | Sleep Disorder |
| 565.0 | | Anal Fissure | 787.6 | | Encopresis | 752.49 | | Labial Adhesions | 959.9 | | Soft Tissue Injury |
| 280.9 | | Anemia, Iron Def. | 788.30 | | Enuresis | 879.8 | | Laceration | 784.5 | | Speech Disturbance |
| 282.60 | | Anemia Sickle Cell | 784.7 | | Epistaxis | 984.9 | | Leading Poisoning | 848.9 | | Sprain |
| 786.09 | | Apnea | 378.0 | | Esotropia | 315.2 | | Learning Disability | 528.0 | | Stomatitis |
| 716.9 | | Arthritis | 783.41 | | Failure To Thrive | 214.9 | | Lipoma | 034.0 | | Strep |
| 483.90 | | Asthma | 783.3 | | Feeding Problem | 785.6 | | Lymphadenopathy | 780.2 | | Syncope |
| 314.01 | | ADD | 780.6 | | Fever, Unknown Origin | 289.3 | | Lymphadenitis | 719.25 | | Synovitis Hip |
| 607.1 | | Balanitis | 057.0 | | Fifth Disease | 322.9 | | Meningitis | 771.5 | | Tear Duct Obs. |
| 786.9 | | Breath Holding | 487.1 | | Flu, Influenza | 754.60 | | Metatarsus Adductus | 259.1 | | Thelarche, Precocious |
| 466.11 | | Bronchiolitis Acute | 535.0 | | Gastritis | 075. | | Mononucleosis | 112.0 | | Thrush |
| 466.0 | | Bronchitis | 558.9 | | Gastroenteritis | 278.0 | | Obesity | 736.89 | | Tibial Torsion |
| 949.0 | | Burn | 530.81 | | GE Reflux | 732.4 | | Osgood Schlatters | 110.5 | | Tinea Corporis |
| 682.9 | | Cellulitis | 771.4 | | Granuloma Umb Cord | 380.10 | | Otitis Externa | 110.0 | | Tinea Capitis |
| 343.9 | | Cerebral Palsy | 784.0 | | Headache | 382.9 | | Otitis Media | 463. | | Tonsillitis |
| 289.3 | | Cervical Adenitis | 346.90 | | Headache Migraine | 381.01 | | Otitis Media Serious | 599.0 | | Urinary Infection |
| 786.50 | | Chest Pain | 389.2 | | Hearing Loss | 754.60 | | Out Toeing | 708.9 | | Urticaria |
| 850.0 | | Concussion W/O L.O.C. | 785.2 | | Heart Murmur | 462. | | Pharyngitis | 465.9 | | Upper Respiratory Inf. |
| 850.1 | | Concussion W/ L.O.C. | 228.0 | | Hemangioma | 127.4 | | Pinworms | 616.10 | | Vaginitis |
| 746.9 | | Congenital Heart Dz. | 599.7 | | Hematuria | 696.3 | | Pityriasis Rosea | 052.9 | | Varicella |
| 372.30 | | Conjunctivitis Bact. | 550.90 | | Hernia, Inguinal | 486. | | Pneumonia | 079.99 | | Viral Syndrome |
| 564.00 | | Constipation | 553.1 | | Hernia, Umbilical | 765.10 | | Prematurity | 787.01 | | Vomiting |
| 924.9 | | Contusion | 054.9 | | Herpes Simplex | 791.0 | | Proteinuria | 078.10 | | Warts |
| 464.4 | | Croup | 314.9 | | Hyperactivity | 782.1 | | Rash | V20.2 | | Well Child |
| 595.9 | | Cystitis | 603.9 | | Hydrocele | 519.9 | | Reactive Airway Disease | | | |
| 276.51 | | Dehydration | 774.30 | | Hyperbilirubinemia | 569.3 | | Rectal Bleeding | | | |
| 300.4 | | Depression | 272.0 | | Hypercholesterolemia | 133.0 | | Scabies | | | |

Name Richard Arnold

Charge

15.00

Address _____

SS# 421410583

Payments

D.O.B. 9/24/93M ☒ F

Account#

Insurance Name

Policy #

Group#

Insured

Parent's Name/Phone#

Fax

Boon Ball, MatthewMonak PC3000 Interstate Park DrSuite 204 - Montgomery, AL 36109334-387-7680334-387-3222

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

CHECK

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|------|-------------|-----------|--------|-----------|------------|
|------|-------------|-----------|--------|-----------|------------|

| | | | | | |
|----------|---|----------|-------|--|-------|
| 05/02/07 | 1 MR. JOHN CURRY MR. JOHN CURRY/CWS/WITNESS FEE & MILEAGE | 309.0391 | 53.86 | | 53.86 |
|----------|---|----------|-------|--|-------|

| CHECK DATE | CONTROL NUMBER | TOTALS | Gross: | Ded: | Net: |
|------------|----------------|--------|--------|------|-------|
| 05/02/07 | 17538 | | 53.86 | 0.00 | 53.86 |

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

17535

CHECK

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|------|-------------|-----------|--------|-----------|------------|
|------|-------------|-----------|--------|-----------|------------|

| | | | | | |
|----------|---|----------|-------|--|-------|
| 05/02/07 | 1 FREDDIE WILLIAMS FREDDIE WILLIAMS/CWS/WITNESS FEE & MILEAGE | 309.0391 | 53.86 | | 53.86 |
|----------|---|----------|-------|--|-------|

| CHECK DATE | CONTROL NUMBER | TOTALS | Gross: | Ded: | Net: |
|------------|----------------|--------|--------|------|-------|
| 05/02/07 | 17535 | | 53.86 | 0.00 | 53.86 |

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

17743

CHECK

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|------|-------------|-----------|--------|-----------|------------|
|------|-------------|-----------|--------|-----------|------------|

| | | | | | |
|----------|--|----------|--------|--|--------|
| 05/22/07 | 473 Ivize of Montgomery, LLC IVIZE/CWS/COLOR COPIES & TRIAL BOARDS/INV. 4020, 3947, 4051 | 309.0391 | 524.73 | | 524.73 |
|----------|--|----------|--------|--|--------|

| CHECK DATE | CONTROL NUMBER | TOTALS | Gross: | Ded: | Net: |
|------------|----------------|--------|--------|------|--------|
| 05/22/07 | 17742 | | 524.73 | 0.00 | 524.73 |

| | | | | |
|-------|------|--------|----------------|------------|
| 48.44 | 0.00 | 48.44 | 17545 | 05/03/07 |
| Net: | Ded: | Gross: | CONTROL NUMBER | CHECK DATE |
| | | | 17545 | |
| | | | TOTALS | |

1 CHARLES WRIGHT
05/03/07 CHARLES WRIGHT/CWS/WITNESS FEE & MILEAGE
309.0391
48.44
48.44

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|------|---|-----------|--------|-----------|------------|
| | CHECK | | | | |
| | BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT | | | | 17545 |

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

17537

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|----------|--|-----------|--------|-----------|------------|
| | CHECK | | | | |
| 05/02/07 | 1 ROSEMARY MEADOWS ROSEMARY MEADOWS/CWS/WITNESS FEE & MILEAGE | 309.0391 | 61.90 | | 61.90 |

| | | | | | | | |
|------------|----------------|--------|--------|------|------|------|-------|
| CHECK DATE | CONTROL NUMBER | TOTALS | Gross: | Ded: | 0.00 | Net: | 61.90 |
| 05/02/07 | 17537 | | 61.90 | | | | |

BALL, BALL, MATTHEWS AND NOVAK, P.A. CLIENT ADVANCE ACCOUNT

17536

| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
|----------|---|-----------|--------|-----------|------------|
| | CHECK | | | | |
| 05/02/07 | 1 REBECCA CARROLL REBECCA WILLIAMS/CWS/WITNESS FEE & MILEAGE | 309.0391 | 61.90 | | 61.90 |

| | | | | | | | |
|------------|----------------|--------|--------|------|------|------|-------|
| CHECK DATE | CONTROL NUMBER | TOTALS | Gross: | Ded: | 0.00 | Net: | 61.90 |
| 05/02/07 | 17536 | | 61.90 | | | | |

| | | CHECK | | | |
|----------|--|-----------|--------|-----------|------------|
| DATE | DESCRIPTION | INVOICE # | AMOUNT | DEDUCTION | NET AMOUNT |
| 05/11/07 | 473 Ivize of Montgomery, LLC IVIZE/CWS/INV. 03-3984, 03-3958/VISUAL AIDS FOR TRIAL | 309.0391 | 151.23 | | 151.23 |

| | | | | | | | | |
|------------|----------------|----------|--------|--------|------|------|------|--------|
| CHECK DATE | CONTROL NUMBER | TOTALS ▶ | Gross: | 151.23 | Ded: | 0.00 | Net: | 151.23 |
| 05/11/07 | 17642 | | | | | | | |



Ivize of Montgomery, LLC • Phone: (334) 834-2679
Fed. Tax ID: 20-3891133

REMIT PAYMENT TO: Ivize, LLC
128 South Tryon Street
Suite 800
Charlotte, NC 28202

PLEASE PAY FROM THIS INVOICE

INVOICE NO: 03-3984

INVOICE DATE: 5/10/2007

SOLD TO:

Ball, Ball, Matthews & Novak
2000 Interstate Park Drive
Suite # 204
Montgomery, AL 36109

ORDERED BY: Melanie

| CUSTOMER I.D. | PURCHASE ORDER | PAYMENT TERMS | SALESPERSON I.D. |
|------------------------------|----------------|---------------|------------------|
| Ball, Ball, Matthews & Novak | Macon-Arnold | NET 15 | BM |

| QUANTITY | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENSION |
|--------------|-----------------|-------------------------|-------------------|----------------|
| 1 | Color 32x40 ... | 32x40 color trial board | 80.00 | 80.00T |
| 12 | Color Copies | Color copies | 0.79 | 9.48T |
| Received by; | | | Subtotal: | \$89.48 |
| | | | Sales Tax: | \$8.95 |

TOTAL

\$98.43

THANK YOU FOR CHOOSING IVIZE, LLC

Payment is due upon receipt. No exceptions for third party payments. If invoice is not paid within 30 days, a five percent (5%) finance charge may be added.

Customer is responsible for all costs of collection, including reasonable attorney fees.



Ivize of Montgomery, LLC • Phone: (334) 834-2679
Fed. Tax ID: 20-3891133

PLEASE PAY FROM THIS INVOICE

INVOICE NO: 03-3958

INVOICE DATE: 5/8/2007

SOLD TO:

Ball, Ball, Matthews & Novak
2000 Interstate Park Drive
Suite # 204
Montgomery, AL 36109

REMIT PAYMENT TO: Ivize, LLC
128 South Tryon Street
Suite 800
Charlotte, NC 28202

ORDERED BY: Melanie

| CUSTOMER I.D. | PURCHASE ORDER | PAYMENT TERMS | SALESPERSON I.D. |
|------------------------------|----------------|---------------|------------------|
| Ball, Ball, Matthews & Novak | | NET 15 | BM |

| QUANTITY | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENSION |
|--------------|---------------|---------------------------------|-------------------|-----------|
| 1 | B&W 32x40 ... | 32x40 black & white trial board | 48.00 | 48.00T |
| Received by; | | | Subtotal: | \$48.00 |
| | | | Sales Tax: | \$4.80 |

TOTAL \$52.80

THANK YOU FOR CHOOSING IVIZE, LLC

Payment is due upon receipt. No exceptions for third party payments. If invoice is not paid within 30 days, a five percent (5%) finance charge may be added. Customer is responsible for all costs of collection, including reasonable attorney fees.



Ivize of Montgomery, LLC • Phone: (334) 834-2679
Fed. Tax ID: 20-3891133

PLEASE PAY FROM THIS INVOICE

INVOICE NO: 03-4051

INVOICE DATE: 5/21/2007

SOLD TO:

Ball, Ball, Matthews & Novak
2000 Interstate Park Drive
Suite # 204
Montgomery, AL 36109

REMIT PAYMENT TO: Ivize, LLC
128 South Tryon Street
Suite 800
Charlotte, NC 28202

ORDERED BY: Melanie

| CUSTOMER I.D. | PURCHASE ORDER | PAYMENT TERMS | SALESPERSON I.D. |
|------------------------------|----------------|---------------|------------------|
| Ball, Ball, Matthews & Novak | Macon-Arnold | NET 15 | BM |

| QUANTITY | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENSION |
|--------------|---------------|---------------------------------|-------------------|-----------|
| 10 | B&W 32x40 ... | 32x40 black & white trial board | 30.00 | 300.00T |
| Received by; | | | Subtotal: | \$300.00 |
| | | | Sales Tax: | \$30.00 |
| TOTAL | | | | \$330.00 |

THANK YOU FOR CHOOSING IVIZE, LLC

Payment is due upon receipt. No exceptions for third party payments. If invoice is not paid within 30 days, a five percent (5%) finance charge may be added. Customer is responsible for all costs of collection, including reasonable attorney fees.



innovativeinsightfulinformative

Ivize of Montgomery, LLC • Phone: (334) 834-2679
Fed. Tax ID: 20-3891133

REMIT PAYMENT TO: Ivize, LLC
128 South Tryon Street
Suite 800
Charlotte, NC 28202

PLEASE PAY FROM THIS INVOICE

INVOICE NO: 03-3947

INVOICE DATE: 5/7/2007

SOLD TO:

Ball, Ball, Matthews & Novak
2000 Interstate Park Drive
Suite # 204
Montgomery, AL 36109

ORDERED BY: Melanie

| CUSTOMER I.D. | PURCHASE ORDER | PAYMENT TERMS | SALESPERSON I.D. |
|------------------------------|----------------|---------------|------------------|
| Ball, Ball, Matthews & Novak | | NET 15 | BM |

| QUANTITY | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENSION |
|--------------|----------------|--------------------------------------|-------------------|-----------|
| 807 | B&W Pick & ... | Pick and choose black & white copies | 0.19 | 153.33T |
| Received by; | | | Subtotal: | \$153.33 |
| | | | Sales Tax: | \$15.33 |

TOTAL

\$168.66

THANK YOU FOR CHOOSING IVIZE, LLC

Payment is due upon receipt. No exceptions for third party payments. If invoice is not paid within 30 days, a five percent (5%) finance charge may be added. Customer is responsible for all costs of collection, including reasonable attorney fees.

**PLEASE PAY FROM THIS INVOICE**

INVOICE NO: 03-4020

INVOICE DATE: 5/15/2007

SOLD TO:

Ball, Ball, Matthews & Novak
2000 Interstate Park Drive
Suite # 204
Montgomery, AL 36109

REMIT PAYMENT TO: Ivize, LLC
128 South Tryon Street
Suite 800
Charlotte, NC 28202

ORDERED BY: Melanie

| CUSTOMER I.D. | PURCHASE ORDER | PAYMENT TERMS | SALESPERSON I.D. |
|------------------------------|----------------|---------------|------------------|
| Ball, Ball, Matthews & Novak | Macon-Arnold | NET 15 | BM |

| QUANTITY | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENSION |
|--------------|--------------|--------------|-------------------|-----------|
| 30 | Color Copies | Color copies | 0.79 | 23.70T |
| Received by; | | | Subtotal: | \$23.70 |
| | | | Sales Tax: | \$2.37 |

TOTAL

\$26.07

THANK YOU FOR CHOOSING IVIZE, LLC

Payment is due upon receipt. No exceptions for third party payments. If invoice is not paid within 30 days, a five percent (5%) finance charge may be added. Customer is responsible for all costs of collection, including reasonable attorney fees.